

## **Student Request to Inspect and Review Education Records**

To: Custodian of Records (Registrar), Texas Southern University		
I wish to inspect my education record located in the following office(s):		
Financial AidAdmissions and Records	Dean of Student LifeOther:	
Student Name:	TSU ID:	
Student Email:		
Full Mailing Address:		
Student Signature:	Date:	
To: Student		
Your request for inspection of your record was received on		
The requested record will be available on or before 45 days after the date listed above. You will be contacted via email regarding the date, time, and location for inspection of your educational record.		
School Official's Signature:	Date Request Received:	
To: Custodian of Records		
I have inspected or have been informed of the contents of the requested education record identified above and am satisfied with its accuracy and completeness.		
Student's Signature:	Date:	

To: Custodian of Records	
I have inspected or have been informed of the didentified above and am not satisfied with its acreasons(s) (use back of sheet if necessary):	ccuracy and completeness for the following
., .	
Student's Signature:	Date:
Registrar. Questions about this policy and proceedings. Students wishing to have their ed	Return the completed form to TSU's Office of the rocedure may be directed to TSU's Office of the lucation records amended must submit a letter to f the record custodian of disposition of this reques
Record Custodian's Signature:	Date: